

Skagit County Public Health
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Mount Vernon, WA 98273
Phone: 360-416-1500 FAX: 360-416-1501
www.skagitcounty.net/food
EH@co.skagit.wa.us



EH Permit ID: _____
Fee: _____ Receipt #: _____
Received by: _____ Date: _____

Skagit County Environmental Public Health Division

The Skagit County Environmental Public Health licenses operators of food establishments, not the facility itself. To renew a current existing permit or apply as a new operator at an establishment, you must complete this application and pay the permit fee. Failure to obtain a permit prior to operation may result in a penalty fee.

STOP if you are making significant menu **changes**, or you are a **new operator**. You must first complete the **PLAN REVIEW APPLICATION** and receive **PLAN APPROVAL** prior to completing this form.

Check here to pay your permit fee by credit card over the phone. **Person and phone number to contact for credit card payment:**

Mobile Food Establishment Information Application

Application must be completed and turned in to process permit.

Name of Mobile Establishment: _____

Mobile License Plate #: _____ E-mail: _____

Applicant name (must be owner /officer of owner): _____

Applicant's phone number: (day) _____ (other) _____
(Your phone number, fax number and e-mail will not be distributed for commercial purposes)

Manager (*responsible for daily on-site operation of FSE*): _____
May list maximum of two names

WA state business license name(s)/UBI #: _____

Owner legal entity status: Association Corporation Partnership Individual

Mailing address: _____ City: _____ State: _____ Zip: _____

Location Mobile is parked when **not** in use: _____

Mobile unit operating location if you operate out of one set location:

Street address, business name if applicable

Attach to application:

- Current menu
- Current Commissary Agreement form OR
- Waiver of Commissary Request form
- Itinerary of service locations if you have a set route with multiple locations
- Current restroom agreement for all established service locations lasting > 1.0 hour

Water Source: Skagit PUD
 City of Anacortes
 Other public water system (name): _____

 Other, please explain: _____

Wastewater Disposal: Wastewater disposal location

Must be approved sanitary sewer connection

Open year round or Seasonal operation Months open: _____ through _____
Days open: Mon Tues Weds Thurs Fri Sat Sun Hours: _____ to _____

Total seats (outside seating): _____

Location of restroom: _____
(must be within 500 feet of mobile food unit)

► What are the current/planned activities in the mobile food establishment? (Please check all that apply):

- REFRIGERATE COMMERCIALY PACKAGED FOODS
- REFRIGERATE FOODS PREPARED IN MOBILE
- CLEAN AND CUT PRODUCE and/or THAW FOODS UNDER RUNNING WATER
- HANDLE COOKED MEATS and/or MAKE SANDWICHES
- HANDLE and/or COOK RAW MEATS
- COOK OR REHEAT POTENTIALLY HAZARDOUS FOODS
- HOT HOLD FOODS
- GRILL OR DEEP FRY FOODS
- USE TIME AS A CONTROL FOR SOME POTENTIALLY HAZARDOUS FOODS (separate form required)

All food preparation that will occur in an approved Commissary must be documented on a current Commissary Agreement form and attached. NOTE: Cooling of warm or hot potentially hazardous/time temperature for safety foods is NOT allowed in a mobile food establishment.

NO food establishment activities are allowed in a home kitchen.

I certify that the information provided is accurate and correct. I agree to comply with Washington State and Skagit County Environmental Public Health and other applicable regulations regarding the above-named facility. I agree to provide access to the facility and records as required by code.

Signature of applicant

Date